

CHAPTER 10

CLAIMS AND INQUIRIES

In addition to regular postal duties, a military postal clerk will be confronted frequently with postal concerns, and problems of the public. A concern or problem may take the form of a claim, an inquiry, or a complaint. This chapter provides helpful information concerning these concerns and problems, including postal instructions governing the procedures to follow in handling claims, inquiries, and complaints and preparation of the applicable forms.

The USPS understands it is difficult to compensate a patron for the loss of sentimental or irreplaceable items, and is always trying to improve the way mail is handled so incidents do not occur again. Each customer of the post office is encouraged to report instances of loss, rifling, and other mistreatment of mail, even when there may be no provision for payment of indemnity.

INQUIRIES OR COMPLAINTS

Learning Objective: *Differentiate between inquiries and complaints and the forms required to respond to each.*

An INQUIRY is a request for information.

Inquiries are received almost daily regarding mail service to Navy personnel. Inquiries may be received over the phone, in person, or in writing; and they may concern any phase of postal operations. Most inquiries are usually simple questions concerning the speed of mail, the proper method of preparing mail matter, or some other phase of postal operations.

A COMPLAINT is an expression of dissatisfaction, discontent, disappointment, or resentment concerning any postal product, service, or postal personnel.

Mail complaints are attributable, in many instances, to a lack of information or incomplete or incorrect information. The number of mail complaints could be greatly reduced if commanding officers, within security limitations, kept service members and their families informed on probable mail interruptions or delays. This may be done through plan of the day notices, the issuance of family-grams, and holding

predeployment briefings for family members. Family-grams and briefings should explain the reasons for probable mail delays such as ship transit periods between ports, remote operational areas, shifting operational commitments, and adverse weather. A better understanding of what to expect on a deployment can greatly reduce the anxieties of family members and can help reduce the number of complaints from family members and friends.

The continued use of family-grams during deployments and advising the crew of prevailing conditions that may affect mail service will help dispel rumors that cause misunderstandings that lead to complaints.

Information should be provided to naval personnel and their correspondents before and during deployment. Keeping everyone informed enhances the morale of the crew and their correspondents, and saves the Navy money by avoiding unnecessary administrative work in preparing replies to complaints.

When inquiries of a congressional level or other high-level interest are referred by MPSA to commanding officers for investigation, the command should provide the following information as a minimum in its response:

- Summary of an interview with the person or persons involved, outlining any difficulty experienced in receiving or sending mail.
- Any special circumstances that may have affected mail service.
- Evidence of other individuals experiencing similar difficulties.
- If the individual presently receives mail from correspondents and specifically from the person registering the complaint.
- When complaints involve a specific item of mail, an indication if that item was eventually received.
- Correct mailing address of the person involved.
- Average transit time for all classes of mail to and from the address of mailing.

- A statement concerning the quality of mail service.
- Any additional information that will assist in formulating a reply. NOTE: Responses should be provided in the same manner as received within operational considerations.

Commanding officers must make sure they answer all allegations in the complaint. This will eliminate the complaint being returned for additional information.

FORMS NEEDED

The following is a list of postal service claims and inquiry forms that are needed to file claims for indemnity, process customer complaints, and report mistreatment of mail:

- PS Form 542, Inquiry About a Registered Article or an Insured Parcel or an Ordinary Article.
- PS Form 673, Report of Rifled Parcel.
- PS Form 1000, Domestic Claim or Registered Mail Inquiry.
- PS Form 1509, Sender's Application for Recall of Mail.
- PS Form 1510, Mail Loss/Rifling Report.
- PS Form 2855, Claim for Indemnity-International Registered, Insured, and Express Mail.
- PS Form 3533, Application and Voucher for Refund of Postage and Fees.
- PS Form 3760, Parcel Search Request.
- PS Form 3831, Receipt for Article(s) Damaged in Mails.
- PS Form 4314-C, Consumer Service Card.
- PS Form 6401, Money Order Inquiry (postal card).

When processing claims and inquiries, military postal clerks will use the appropriate form(s) listed above, depending on whether the claim or inquiry is for Domestic or International mail. Detailed instructions for completing these forms are contained in either the Domestic Mail Manual (DMM), the International Mail Manual (IMM), and or the Postal Operations Manual (POM).

Money order inquiries and certain International Mail claims (refer to chapter 9 of the IMM) require the collection of a fee from the customer.

Failure to properly prepare, or make proper disposition of a postal claim or inquiry can delay the results. At all military post offices the postal supervisor or Custodian of Postal Effects (COPE) should assist in completing claim forms, and or review all claims before they are finalized.

RESPONDING TO MISTREATMENT OF MAIL

Mistreatment of mail is a general term that includes the loss, rifling of, and damage to mail. Customers should be encouraged to report instances of mistreatment of mail even for cases where there are no provisions for payment of indemnity. Inquiries, complaints, and claims may be filed at any post office.

Normally, you will be concerned only with the processing of inquiries, complaints, and claims for domestic mail matter. International inquiries, complaints, and claims are seldom received at MPO's. If you do receive an international claim or inquiry, refer to chapter 9 of the IMM for guidance.

The information in this chapter, along with some on the job experience, will enable you to efficiently process any inquiry, complaint, or claim that you may receive. Remember, filing a claim or inquiry is the right of the mailer or addressee and you, as the postal representative, should always be helpful and treat the customer with the utmost courtesy.

CONSUMER SERVICE CARD

Learning Objective: *Recall the procedures for processing customer complaints on PS Form 4314-C.*

PS Form 4314-C, Consumer Service Card (see figure 10-1) should be placed in the post office lobby and readily available to all postal customers. The consumer service card is designed to be used by postal customers only for recording complaints, suggestions, information requests, and compliments. Upon completion of the four-part form, the customer retains copy 1 and will mail or give the remaining copies to the post office for action. The custodian of postal effects (COPE) or MPO supervisor must:

- Investigate the reasons for the complaint and obtain resolution, if possible.

- Contact the customer within 24 hours of receipt of the comment or complaint and advise them of the planned action or resolution.
- Provide the customer with a final response within 14 calendar days after receiving the comment or complaint.
- Complete PS Form 1510 (covered later in this chapter) if a PS Form 4314-C is received that alleges loss, non-receipt, or theft of mail, or that mail appears to have been tampered with. Indicate on the consumer service card that PS Form 1510 has been filed. A copy of the PS Form 4314-C must be sent with the PS Form 1510 to the USPS Inspection Service.

The COPE or MPO supervisor should process PS Form 4314-C, as follows:

- Immediately mail the processing center copy (copy 2) under cover to the appropriate FLTCINC postal officer.
- Initial and date the action copy (copy 3) in the lower-right corner after documenting action taken in the “USPS Use Only” section of the form. Include the date (month/day/year) the customer was contacted, who made the contact, and a brief description of the action taken. Then

the form must be forwarded under cover to the appropriate FLTCINC postal officer.

- File copy 4 of the Consumer Service Card alphabetically by the customer’s last name and year of receipt with any letters or attachments. MPO’s must keep copy 4 on file for at least one year.

The consumer service card file should be maintained in a central location. Consumer Service Cards should be recorded on a customer complaint control log. The date a complaint was closed must be entered on the control log. For other information that must be entered on a customer complaint log, refer to section 165 of the POM.

MAIL LOSS/RIFLING REPORT (PS FORM 1510)

Learning Objective: Recall the procedures for preparing and processing the Mail Loss/Rifling Report.

PS Form 1510 is a five-page form that consists of parts I through VI. It is used to process inquiries for ordinary and certified mail and may be initiated by either the sender or addressee. The most common use of PS Form 1510 is when ordinary mail (usually letters) does not get delivered.

1 PRINT FIRMLY	2 REMOVE TOP COPY FOR CUSTOMER RECORD (do not separate remaining copies)	3 FILL IN ADDRESS BLANK ON BACK OF LAST CARD	4 MAIL (postage free)
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U.S. POSTAL SERVICE CONSUMER SERVICE CARD																			
Name JOHN DOE		Date (Mo., Day, Yr.) 10-16-01	No. M 16 010 864																
Address (Apt./Suite No., No. and Street, City) 1301 PAUL ST NORFOLK		State VA	ZIP Code 23505-1610																
		Customer Phone (8 a.m.-5 p.m.) 1-757-851-1057																	
Is This <input type="checkbox"/> Information Request <input type="checkbox"/> Suggestion <input checked="" type="checkbox"/> Problem <input type="checkbox"/> Complaint																			
Did It Involve <input checked="" type="checkbox"/> Delay <input type="checkbox"/> Nonreceipt		If This Is A Problem With A Specific Mailing, Please Complete The Following:																	
Damage <input type="checkbox"/> Misdelivery <input type="checkbox"/> Improperly Returned <input type="checkbox"/> Change of Address <input type="checkbox"/> Vending Equipment <input type="checkbox"/> Window Services <input type="checkbox"/> Personnel <input type="checkbox"/> Other		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Was It</th> <th style="width: 50%;">Was Mailing</th> </tr> <tr> <td>Letter</td> <td>First-Class</td> </tr> <tr> <td><input checked="" type="checkbox"/> Package</td> <td>Special Delivery</td> </tr> <tr> <td>Newspaper/Magazine</td> <td>Certified</td> </tr> <tr> <td></td> <td>Registered</td> </tr> <tr> <td>Advertisement</td> <td><input checked="" type="checkbox"/> Insured</td> </tr> <tr> <td>Electronic Transmission</td> <td>Express Mail</td> </tr> <tr> <td></td> <td>Other</td> </tr> </table>		Was It	Was Mailing	Letter	First-Class	<input checked="" type="checkbox"/> Package	Special Delivery	Newspaper/Magazine	Certified		Registered	Advertisement	<input checked="" type="checkbox"/> Insured	Electronic Transmission	Express Mail		Other
Was It	Was Mailing																		
Letter	First-Class																		
<input checked="" type="checkbox"/> Package	Special Delivery																		
Newspaper/Magazine	Certified																		
	Registered																		
Advertisement	<input checked="" type="checkbox"/> Insured																		
Electronic Transmission	Express Mail																		
	Other																		
This Section Is For USPS Use Only																			
Recording Employee Name																			
Date Customer Contacted		Customer Contacted By																	
USPS Action																			
Please Give Essential Facts (If this involves a change of address problem, please include previous address.) PACKAGES ADDRESSED TO ME ARE BEING FIRST DELIVERED TO A JOHN DOE AT NAVAL STATION NORFOLK 23511. THIS HAS OCCURRED THREE TIMES IN THE LAST MONTH.																			

PS Form 4314-C, July 1991	THANK YOU. You will be contacted soon by your Post Office.	CUSTOMER COPY - 1
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Figure 10-1 An example of a completed PS Form 4314-C, Consumer Service Card.

When PS Form 1510 is initiated, Parts II-D and II-E are immediately sent to the U.S. Postal Service's Inspection Service Operating Support Group (ISOSG), Two Gateway CTR 9th FL, Newark, NJ, 07175-0001.

Then the remaining parts of the form are sent to the Claims & Inquiry Section so a search can be initiated for the article based on the information the customer provided. The form may also have to be routed to a Mail Recovery Center if the article cannot be located and has a value of \$10.00 or more.

PREPARATION OF PS FORM 1510

If the complaint is for loss, the customer should allow sufficient time for delivery of the article before filing PS Form 1510 (usually a week to 10 days). If the complaint is for rifling, the customer should immediately notify the post office and provide the post office with the envelope or wrapper, if possible. The clerk accepting PS Form 1510 must forward the envelope or wrapper with the PS Form 1510 to the ISOSG.

Postal clerks will complete PS Form 1510 (see figure 10-2). All of the information required on the

form should be completed by printing legibly using a ballpoint ink pen. Typing is not necessary.

Complete PS Form 1510 part II-A as follows:

Block 1: Enter the date the complaint is made.

Block 2: Enter your MPO's FPO Number (e.g., FPO AE 09561-0001).

Block 3: Check the appropriate box for the type of complaint.

Block 4 a-f: Enter the name, complete address, and telephone number of the person who mailed the article.

Block 5 a-f: Enter the name, complete address, and telephone number of the person to whom the article was addressed.

Block 6 a-b: Enter the date and time the article was mailed.

Block 7: Check the box for the appropriate class of mail. If you check "OTHER," then specify the class of mail; e.g., Priority Mail, SAM, PAL, etc.

Block 8: Check the box for the appropriate type of mail. If you check "OTHER," then specify the type of mail; e.g., roll, tube, flat, wooden box, etc.

Part II-A U.S. Postal Service Mail Loss/Rifling Report											
Note: Use ballpoint pen and press down firmly; you are making five copies.											
1. Complaint Date 06 FEB 01			2. Office Accepting Complaint (City and State) FPO AE 09561-0001						3. Complaint <input type="checkbox"/> Loss <input checked="" type="checkbox"/> Rifling		
4. Article Was Mailed By											
a. Name MRS. A.B. SEAMAN						a. Name SN ABLE B. SEAMAN					
b. Return Address As On Article Mailed 1800 CUSHMAN DR						b. Address As On Article Mailed USS UNDERWAY CV-66					
c. City COLUMBIA			d. State SC		e. ZIP+4 29204			c. City FPO		d. State AE	
f. Day Telephone Number (Include Area Code) 1-803-762-8888			f. Day Telephone Number (Include Area Code)								
6. Article Was Mailed											
a. Date Month 01 Day 27 Year 01			b. Time 3:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM			7. Article Was Sent <input type="checkbox"/> 1st-Class <input type="checkbox"/> Parcel Post <input checked="" type="checkbox"/> Other (Specify) PRIORITY MAIL			8. Type of Mail <input type="checkbox"/> Letter <input checked="" type="checkbox"/> Parcel <input type="checkbox"/> Other (Specify)		
9. Special Services <input type="checkbox"/> Special Handling <input type="checkbox"/> Special Delivery <input type="checkbox"/> Certified <input type="checkbox"/> Return Receipt for Merchandise No. _____											
10. Place of Mailing <input type="checkbox"/> Main Post Office <input checked="" type="checkbox"/> Station or Branch <input type="checkbox"/> Contract Station <input type="checkbox"/> Collection Box <input type="checkbox"/> Residence or Business						Name and/or Address of Location Checked City and State of Location Checked COLUMBIA SC					
11. Contents of Article (Describe in detail, size, color, brand name, serial no., and amount, etc.) 1 MENS LONG SLEEVE SHIRT (BLUE, SIZE LARGE) 1 VALENTINE CARD						12. Value \$35.00					

PS Form 1510, April 1992

PCF1002

PCF1002

Figure 10-2. An example of a completed PS Form 1510, Part II-A.

Block 9: Check the type of special service on the article, if any. For Certified and Return Receipt for Merchandise mail, you must also enter the special service number. For example, 7000 0600 0023 4109 5793 (for Certified mail).

Block 10: Check the appropriate box to indicate the location where the article was deposited or mailed from. Then enter the city, state, and ZIP Code for the location checked. For example, Columbia, SC 29204.

Block 11: Enter a detailed description of the article's content.

Block 12: Enter the content's value. If no value, enter "NO VALUE."

PROCESS PS FORM 1510

After completing Part II-A from the information the sender or addressee provided, processing PS Form 1510 varies according to the origin of inquiry and type of mail.

The flowcharts for the different types of inquiries listed below are illustrated in chapter 1 of the POM,

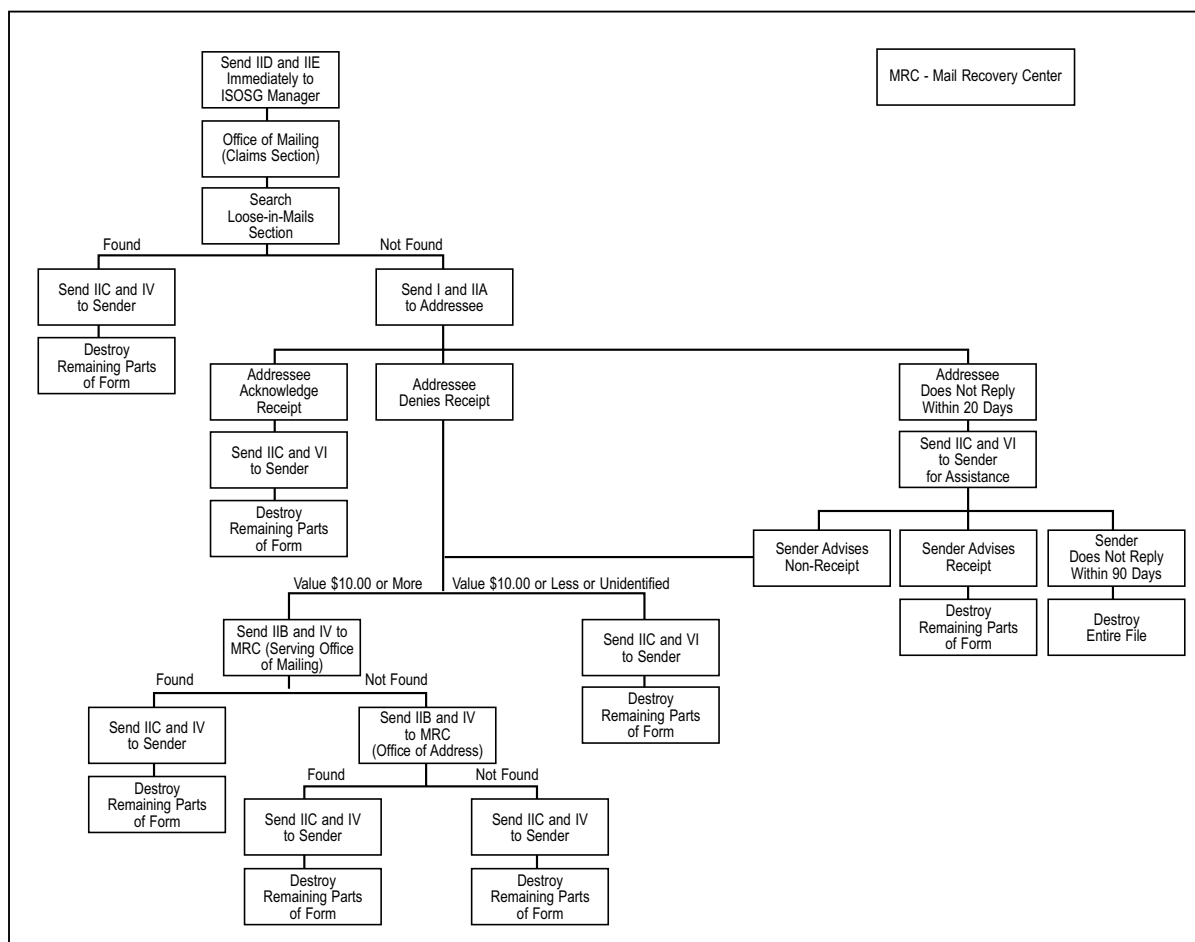
and are used to determine what steps to follow when processing PS Form 1510.

- Inquiry Filed by Sender for Ordinary Mail
- Inquiry Filed by Addressee for Ordinary Mail
- Inquiry Filed by Sender for Certified Mail
- Inquiry Filed by Addressee for Certified Mail

Figure 10-3 is an extract from the POM of the first flowchart listed showing the steps to take when an inquiry has been filed by the sender for ordinary mail.

As seen in figure 10-3, the first step would be to send Parts II-D and II-E to the ISOSG; then you would forward the PS Form 1510 to the Office of Mailing (Claims Section) so they can search their loose-in-mails section.

Normally when the sender files the complaint at the office of mailing, a search would be made and depending on whether the article was or was not found, you continue with the steps on the flowchart.



PCf1003

Figure 10-3. An example of a flowchart, PS Form 1510, Inquiry Filed by Sender for Ordinary Mail.

- Q10-1. An inquiry is a request by a customer; made by phone, in person, or in writing on any phase of postal operations. (True/False)*
- Q10-2. Explain some of the ways an MPO could reduce mail complaints.*
- Q10-3. What PS form should be given to a customer who wants to record a postal complaint?*
- Q10-4. The consumer service card contains how many distinct parts?*
- Q10-5. What is the purpose of PS Form 1510?*
- Q10-6. For specific procedural steps in processing PS Form 1510, you should refer to what publication?*

Now turn to appendix 1 to check your answers.

DOMESTIC CLAIM OR REGISTERED MAIL INQUIRY (PS FORM 1000) (INDEMNITY CLAIM)

Learning Objective: *Recall the procedures for processing indemnity claims.*

If a customer purchased insurance at the time he/she mailed an article, mailed it registered mail with insurance, or mailed it Express Mail, they can file an indemnity claim to recover the value of the item if it becomes lost or damaged.

For domestic mail, PS Form 1000 is used to file a claim for indemnity. This form is also used to make inquiries only (no indemnity) on uninsured registered domestic mail.

WHO MAY FILE

A claim may be filed by:

- Only the sender, for the complete loss of a registered, insured, COD, or Express Mail article.
- Either the sender or addressee, for damage to an article, or if some or all of the contents of an article are missing.

TIME LIMITS FOR FILING

The time limits for filing lost claims are located on the front page of PS Form 1000 (see figure 10-4). These time limits list the time the mailer must wait to file a claim for articles that have not been delivered (complete lost). Do not overlook the bottom of the

chart, which refers to APOs and FPOs. Time limits for filing can also be located in Module S of the DMM. The time limits are:

- 7 days or more after the date of mailing for Express Mail
- 15 days or more for items sent as registered mail
- 30 days after the date of mailing for insured items sent as First-Class and Priority Mail
- 45 days after the date of mailing for insured items sent as SAM or PAL
- 75 days or more after the date of mailing for insured surface items mailed to APOs and FPOs

If an article is received in damaged condition, or some of the contents were lost, then the claim should be filed immediately.

WHERE TO FILE

Claims for indemnity for loss or damage can be filed at any post office, station, or branch, except for registered merchandise return service, which must be filed at the post office where the merchandise return permit is held.

HOW TO FILE A CLAIM

A customer may file a claim by presenting evidence of insurance, evidence of value, and proof of loss or damage. (Proof of loss is not required for Express Mail claims.)

Evidence of Insurance

The customer must first show that insurance, registered, or Express mail service was purchased (evidence of insurance). Either of the following is acceptable:

- The original mailing receipt issued at the time of mailing (reproduced copies are not acceptable). For Express Mail claims, the mailer must present the mailer's copy of USPS Label 11-B.
- The wrapper which must have the names and addresses of both the mailer and addressee, along with the endorsement showing that the article was sent insured, registered, or Express Mail.

NOTE: When the original mailing receipt and wrapper are available, it is best to submit the original mailing receipt. If only the wrapper is submitted, indemnity can

WE APOLOGIZE . . . if your mail was lost or damaged.

We realize that it is difficult to compensate you for the loss or damage of mailed articles. Despite our best efforts, mail is occasionally damaged or lost. We are constantly improving the way we handle mail so that loss or damage will not occur.

What you need to file a claim:

1. Your original mailing receipt for insured, COD, registered, or Express Mail.
2. Evidence of value, such as a sales receipt, invoice or bill of sale, statement of costs for reconstruction of Express Mail documents. Either sender or addressee may furnish evidence of value.
3. Proof of damage or loss:
 - a. **DAMAGE, SOME LOSS OF CONTENTS, OR ONLY THE BOX DELIVERED.** The addressee must present the following:
 - (1) The container, wrapping, packing, and any contents that were received; and
 - (2) The original mailing receipt. *(If you do not have the mailing receipt, the claim form will be forwarded to the sender. The sender must take the claim form and the mailing receipt to a post office for verification.)*

All claims for damage or loss of contents should be **filed immediately**.
 - b. **LOSS OF ARTICLE.** For insured or registered articles (not needed for COD or Express Mail), the sender must present one of the following:
 - (1) This claim form signed by the addressee indicating the article was not received; or
 - (2) Written, signed, and dated documentation *(such as a letter from the addressee)* stating the addressee did not receive the article; or
 - (3) If unable to obtain items (1) or (2), you may request a copy of a response from the addressee's post office after a search of its delivery records. You must pay an inquiry fee for this service. *(Fee is refundable if claim is paid. Ask clerk for details.)*

Time limits for loss claims only:

Type of Service	Claim may not be filed until . . .	Claim must be filed by . . .
Insured	30 days or more after date of mailing	1 year from date of mailing
COD	60 days or more after date of mailing	1 year from date of mailing
Registered	15 days or more after date of mailing	1 year from date of mailing
Express Mail Service	7 days or more after date of mailing	90 days from date of mailing
Express Mail COD	60 days or more after date of mailing	90 days from date of mailing
SAM or PAL Insured	45 days or more after date of mailing	1 year from date of mailing
APO/FPO Insured	75 days or more after date of mailing	1 year from date of mailing

If you need more information, ask for a copy of Publication 122, *Customer Guide to Filing Domestic Claim or Registered Mail Inquiry*, or the *Domestic Mail Manual S010*.

Please Detach This Page Before Submitting Claim Form

Detached From PS Form **1000**, April 1997

PCF1004

Figure 10-4. An example of a front page of PS Form 1000.

be limited to \$100.00 for insured and registered mail and \$500.00 for Express Mail.

Evidence of Value

The customer must submit evidence to establish the cost or value of the article at the time it was mailed. Examples of acceptable evidence are:

- A sales receipt, invoice, or statement of value from a reputable dealer.

- A picture from a catalog showing the value of a similar article.
- A statement from the customer describing the article that was lost or damaged, including the date and where it was purchased, how much it cost, and whether the article was new or used. If the article was handmade, the statement must state the price of the materials and labor used. The statement must describe the article in

enough detail to determine whether the value claimed is accurate.

- Paid repair bills. Estimates of repair costs or appraisals if the claim is for partial damage. The USPS will not make payment for repair costs in excess of the original purchase price.

NOTE: It is best to describe the item in sufficient detail, otherwise the claim may be returned for more information.

Claims for indemnity cannot exceed the amount for which the customer paid insurance, or the amount that the customer actually paid for the article. For example, if a customer purchased an item for \$25.00 and insured the item for \$100.00, they would only be allowed to claim \$25.00 for the actual cost of the item. (They would have over-insured the article.)

Likewise, if the customer purchased the item for \$100.00, and only insured it for \$25.00, then they would only be allowed to claim \$25.00, because that was all the indemnity coverage they purchased.

Proof of Damage or Loss

If the addressee files a claim for damage, the addressee must take the item, box, wrapper and all packaging materials to the post office. If the sender files the claim and the addressee has the damaged article, the claim is sent to the addressee who must then present the item, box, wrapper and all packaging materials to the post office for inspection.

The customer may retain articles that are completely damaged and have little or no salvage value. If the customer does not want the article, the claims clerk in the presence of a witness destroys it.

Articles with salvage value must be retained at the MPO for 90 days, then forwarded to the serving Mail Recovery Center. If the customer's claim is denied, return the article to the customer upon request.

Retain damaged registered articles and packaging in the registered mail section until notified by the USPS Claims Processing Section, Accounting Service CTR, St Louis, MO.

If an article is claimed to be lost, proof of the loss must be submitted before a post office accepts a claim. (Proof of loss is not required for Express Mail). Any of the following is acceptable as proof of loss:

- A claim form (PS Form 1000) completed by the addressee denying receipt or a letter or statement from the addressee, dated at least 30 days (15

days for registered mail) after the date the article was mailed, stating that the addressee did not receive the article. A copy of the letter or statement must be attached to the claim form with evidence of value.

- A statement from the post office of address (the post office of the addressee) stating that a delivery record is not on file. To get this statement, the sender of the article must send a written request to the post office of address with a check or money order for an amount equivalent to the delivery record fee listed in Module R of the DMM. The fee will be reimbursed if the claim is paid. The request must include the names and addresses of the sender and addressee, the insured or registered number, and the mailing date.
- Overseas MPOs receiving fees for claims information must forward them to the serving PFO. Shipboard post offices must forward fees to the NPFO. When forwarding fees to the PFO or NPFO, include a letter of explanation.

Receipt for Article(s) Damaged in Mails (PS Form 3831)

When an MPO retains a damaged article, PS Form 3831, Receipt for Article(s) Damaged in Mails, must be prepared in duplicate (see figure 10-5). Give the original to the customer and attach the duplicate to the damaged article.

Complete PS Form 3831 as follows:

Block 1: Enter the date you received the damaged article.

Block 2: Enter the name of the person from whom you received the damaged article.

Block 3: Enter the special service number (obtained from the mailing receipt or wrapper).

Block 4: Enter the date the article was mailed.

Block 5: Enter the location where the article was mailed (located on the mailing receipt or the postmark on the article).

Block 6: Enter the name of the person who mailed the article.

Block 7: Enter a detailed description of the article(s) received.

Block 8: Enter the name and address of the addressee as shown on the wrapper or mailing receipt.

Block 9: Enter the signature and title of the clerk accepting the claim.

Block 10: Enter the FPO number where the damaged article(s) were turned in.

PREPARATION OF PS FORM 1000

Once the customer provides evidence of insurance, evidence of value, and proof of loss (or the damaged item and package) to the post office, assist them in completing PS Form 1000. The information on PS Form 1000 is self-explanatory, and all applicable spaces must be completed.

Assist the customer in completing Section A (see figure 10-6).

Complete Section B (see figure 10-7) or Section C of PS Form 1000 (see figure 10-8) using the instructions on the reverse side of the form.

Prepare PS Form 1000, Section A as follows:

Block 1: Enter the sender's name and address.

Block 2: Enter the addressee's name and address.

Block 3: Check the appropriate box for the service type used for the article.

Block 4: Enter the mailing receipt number. If the mailing receipt is not available, then obtain the number from the label or sticker affixed to the article's wrapper.

Block 5: Enter the date the article was mailed (Mo., Day, Yr.). Obtain this date from the postmark on the mailing receipt or wrapper.

Block 6: This block applies to Express Mail ONLY. If the WAIVER OF SIGNATURE box on Label 11-B is marked, then check YES, otherwise check NO.

Block 7: LEAVE BLANK. This service is not available at MPOs.

Block 8: Check the appropriate box to indicate the reason for filing this claim.

Block 9: Enter a detailed description of the lost or damaged article(s), including whether the article(s) were new or used.

Block 10: Enter the total value claimed for the lost or damaged article(s). If an article has been repaired, enter the amount paid to have the article repaired (not to exceed the actual value of the article).

Block 12a: This block applies to the sender ONLY. When the sender files the claim they must indicate who gets the claim payment by checking the appropriate box.

Block 12b: LEAVE BLANK, unless the customer can provide additional information that will help match the payment check with the claim.

Block 12c-e: These blocks apply to the sender ONLY. The sender signs, dates, and enters their phone number, if available.


Block 13a: This block applies to the addressee ONLY. When the addressee files the claim, they must check the appropriate box.

Block 13 b-g: These blocks apply to COD articles ONLY. LEAVE BLANK.

Block 13h-j: These blocks apply to the addressee ONLY. The addressee signs, dates, and enters their phone number, if available.

U.S. Postal Service		Date	①
RECEIPT FOR ARTICLE(S) DAMAGED IN MAILES		06 FEB 01	
Receipt is acknowledged of the following article(s) submitted in connection with a claim for indemnity for damage to the parcel described.			
Received From ② SK2 W.T. DOOR			
Registered, Insured, COD, or Express Mail No. ③	Date Mailed ④	Addressed To (Name and address) ⑧	
VV 855 491 601 US	13 JAN 01	SK2 W.T. DOOR	
Mailed At ⑤		USS UNDERWAY (CV-66)	
RIVERSIDE CA 92502		FPO AE 09561	
Mailed By ⑥			
MARY D. CHRISTMAS			
Article(s) Received ⑦		Signature and Title ⑨	
1 - 24" BRASS LAMP		JOHN R. DOE, PC1	
		Post Office, State and ZIP Code ⑩	
		FPO AE 09561-0001	
PS Form 3831, June 1986		(Duplicate to be attached to article(s))	

Figure 10-5. An example of a completed PS Form 3831, Receipt for Article(s) Damaged in Mails.

United States Postal Service Domestic Claim or Registered Mail Inquiry (Type or Print Legibly with Ball-Point Pen)				 * 0 1 4 4 2 2 6 1 3 *	
A. Completed by Customer (File at any Post Office)					
1. Sender's Name and Address MARY D. CHRISTMAS 3400 BONITA AVE RIVERSIDE CA 92502			2. Addressee's Name and Address (Person or firm to whom article was addressed) SK2 W.T. DOOR USS UNDERWAY (CV-66) FPO AE 09561		
3. Service Type Used for Article (Check one) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Numbered Insured <input type="checkbox"/> Registered w/ Insurance <input type="checkbox"/> Unnumbered Insured <input type="checkbox"/> Registered w/o Insurance (Inquiry Only - No Indemnity) </div> <div> <input type="checkbox"/> Express Mail (Merchandise Insurance) <input type="checkbox"/> Express Mail (Document Reconstruction) </div> <div> <input type="checkbox"/> Express Mail COD <input type="checkbox"/> Registered COD <input type="checkbox"/> COD </div> </div>					
4. Mailing Receipt Number VV 855 491 601 US		5. Mailing Date (Mo., Day, Yr.) 01, 13, 01		6. Signature of Addressee/Agent Waived? (Express Mail Only) <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. If COD, Amount Due Sender \$					
8. Reason for Claim <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Article Not Delivered <input type="checkbox"/> No COD Remittance Received </div> <div> <input type="checkbox"/> Some Contents Delivered <input type="checkbox"/> Container Only Delivered </div> <div> <input type="checkbox"/> Repair of Damaged Contents <input type="checkbox"/> Only Some Contents Damaged <input checked="" type="checkbox"/> All Contents Damaged </div> <div> <input type="checkbox"/> Delay of Express Mail Containing Non-Negotiable Documents </div> </div>					
9. Description of Lost or Damaged Article(s). (Give brand name(s) where possible and specify value of each. Attach another sheet if necessary. INSTRUCTION: If a damage claim, the ADDRESSEE must immediately present the article, container, wrapping, and packing material to the local post office.) 1-24" BRASS LAMP, PURCHASED FROM SEARS ON 11 JAN 01 FOR \$130.00					
10. Total Value Claimed for All Lost or Damaged Articles (Excluding postage and fees). Attach Evidence of Value (See cover sheet, item 2, for acceptable evidence.) \$ 130.00				11. Nondelivered Items Require Proof of Loss (See cover sheet, item 3b, for acceptable documentation.)	
12. Completed by SENDER ONLY		12a. Send Payment To: <input type="checkbox"/> Sender <input type="checkbox"/> Addressee (Enter address if different from above)		12b. Other Identification (Enter information that will help match the payment check with your claim, e. g., purchase order number.)	
12c. Signature X		12d. Date Signed		12e. Telephone No. ()	
13. Completed by ADDRESSEE ONLY		13a. Did you receive items listed above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		13b. Did You Pay COD Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cash <input type="checkbox"/> Check	
13c. Check No. (If applicable)		13d. Date of Check		13e. Amount \$	
13f. Where (Post Office at: City, State, and ZIP)		13g. Date Paid		13h. Signature X <i>W.T. Door</i>	
13i. Date Signed 06 FEB 01		13j. Telephone No. ()		13k. Date Paid	
I certify that all information furnished on this form is accurate and truthful. The submission of a false, fictitious, or fraudulent statement may result in imprisonment of up to 5 years and a fine of up to \$10,000 (18 USC 1001). In addition, a civil penalty of up to \$5,000, and an additional assessment of twice the amount falsely claimed may be imposed (31 USC 3802).					

PCF1006

Figure 10-6. An example of a completed PS Form 1000, Section A.

Prepare PS Form 1000, Section B as follows:

Block 1a-f: Enter amount paid for postage, insurance or registered fees, declare actual value, and services purchased in respective blocks, if applicable.

NOTE: To obtain the postage paid when a customer presents the wrapper, you must deduct the special

service fee(s) from the amount of postage affixed to the wrapper.

Block 2: Postmark all copies with the APDS.

Block 3: The accepting clerk signs here.

Block 4: Enter your FPO number. Add "9998" as the 4-digit add-on.

B. Completed by Post Office at Facility Where Claim Filed (See Reverse)					
1a. Postage Paid \$22.45		1b. Insured/Reg./COD Fees \$ 2.50		1c. Declared Actual Value \$	
1d. Registered Handling Charge \$		1e. Other Reg./Exp. Fees \$			
1f. Other Services (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Return Receipt After Mailing <input type="checkbox"/> Return Receipt </div> </div>					
2. Postmark of Accepting PO		3. Signature of Employee Accepting Claim <i>John H. Doe</i>			
4. Post Office (City, State, & ZIP + 4) FPO AE 09561-0001					
5. Finance Number and Unit ID 7000019		6. Telephone Number ()			
7. Date Accepted 06 FEB 01		8. Evidence of Insurance or COD <input type="checkbox"/> Mailing Receipt <input checked="" type="checkbox"/> Wrapper			
11a. Local Adjudication <input type="checkbox"/> Approved <input type="checkbox"/> Denied		11b. Signature of Approval Authority		11c. Reason for Denial	
On Damage Claims, the Post Office MUST Describe the Condition of the Item and Container.					
9. If claim is for damage or loss of contents, were wrapper, container, and article presented? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
10. Location of Damaged Article(s) (Attach description of damage) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Sender <input type="checkbox"/> Addressee <input type="checkbox"/> Discarded by Post Office </div> <div> <input checked="" type="checkbox"/> Post Office at (City, State, ZIP + 4): FPO AE 09561-0001 <input type="checkbox"/> Verified By: (Name) _____ (Phone) () _____ </div> </div>					

PCF1007

Figure 10-7. An example of a completed PS Form 1000, Section B.

Block 5: Enter the number 7 and your command's Unit Identification Code (UIC).

Block 6: Enter your post office phone number.

Block 7: Enter the date the claim is accepted.

Block 8: Check the appropriate box for evidence of insurance.

Block 9: This block applies to claims for damage or loss of contents ONLY. Mark the appropriate box.

Block 10: This block applies to claims for damage ONLY. Check the appropriate box to indicate the location of the damaged article(s).

Block 11a-c: Leave these blocks blank.

Prepare PS Form 1000, Section C as follows:

Block 1: Enter the date the article was delivered, if the claim is for complete loss and there is a record of delivery.

Block 2: Enter the date the article was forwarded, if the article was forwarded, and send the claim to the post office where forwarded. Attach a separate sheet showing the current address of the addressee.

Block 3: Forward the claim form to the post office where the article was returned, if the article was returned to sender. Enter in section C, block 3, the date it was returned.

Block 4a: Check box if there is no record of delivery.

Block 4b: Check box if there is no record of delivery or of the article being returned to sender.

Block 5: Postmark this block with the APDS and initial.

Block 6-11: These blocks apply to COD ONLY. LEAVE BLANK.

When you have completed filing the claim, postmark and initial the customer's mailing receipt or the address side of the container presented by the mailer or addressee as proof of insurance for damaged

articles. Advise the customer to hold these items until the claim has been settled.

PROCESS PS FORM 1000

When processing claims for loss or damage, you may be required to contact the office of mailing or delivery (as appropriate) to complete the PS Form 1000. When processing a claim for loss, attach PS Form 3861-A, Loss Claim, (see figure 10-9) to the PS Form 1000. If processing a damage claim initiated by the sender, attach PS Form 3862, Damage Claim Filed by Sender (see figure 10-10). If the addressee initiates a claim for damage, attach PS Form 3863, Damage Claim Filed by Addressee (see figure 10-11). These forms include instructions for the recipient to follow when completing PS Form 1000.

Distribution instructions for PS Form 1000 are on the reverse side of the form. When PS Form 1000 is completed, it is submitted to:

CLAIMS PROCESSING SECTION
ACCOUNTING SERVICE CENTER
PO BOX 80143
ST LOUIS MO 63180-9432

Additional claims information on mailing, or appeals against payment can be found in Module S of the DMM.

Final review, adjudication, disallowance, or payments of all postal service indemnity claims are made at the Accounting Service Center, St Louis, MO.

DUPLICATE CLAIMS

A customer must file a duplicate claim within the time limits specified by the USPS (see figure 10-12). To file a duplicate claim, the customer must:

- submit a photocopy of the customer's completed part of the original claim form, or

B. Completed by Delivery Post Office (Attach copy of delivery receipt unless record keeping is computerized)					
1. Date Delivered 06 FEB 01	2. Date Forwarded (See Instructions)	3. Date Returned to Sender (See Instructions)	4a. <input type="checkbox"/> No Record of Delivery	5. Postmark of Delivery PO and initial	
4b. <input type="checkbox"/> No Record of Delivery on Return to Sender	If COD, (Also complete items 6-11)		6. MO Number		7. Check Number
8. Check/MO Amt. \$	9. Date Check/MO Sent	10. <input type="checkbox"/> Check/MO Not Issued for COD	11. <input type="checkbox"/> Addressee Did Not Respond to COD Inquiry		

PS Form 1000, April 1997 See Privacy Act Statement on Reverse 1 - St. Louis ASC
PC1008

Figure 10-8. An example of a completed PS Form 1000, Section C.



Loss Claim

DATE:

Postmark of Office
Accepting Claim

TO:



You are requested to check your delivery records within the next five days and complete Section C on the enclosed Form 1000 for the following reason(s):

- ◇ The enclosed Form 1000 reports the possible loss of accountable mail that was directed to your post office for delivery to the addressee shown in Item A2.
- ◇ The enclosed Form 1000 reports the possible loss of accountable mail that was forwarded or returned to the following address:

Date Forwarded or Returned: _____

Reason Returned: _____

Please return your response in the pre-addressed envelope provided. Your promptness is sincerely appreciated.

3861-A

PCF1009

Figure 10-9. An example of a PS Form 3861-A, Loss Claim.

- request the post office where the claim was filed to process a photocopy of the post office's receipt copy of the original claim form.

Q10-7. For what reasons can indemnity claims be filed?

Q10-8. Who is authorized to file a claim for complete loss of insured, registered, or Express Mail?

Q10-9. Claims for insured SAM/PAL mail mailed to or from an APO/FPO may NOT be filed until what time period has elapsed?

Q10-10. What three items are required to file an indemnity claim?

Now turn to appendix 1 to check your answers.



Damage Claim Filed by Sender

DATE:

TO:

The enclosed Form 1000 was filed by the sender whose name appears in Item 1. It is a claim for damage to the contents of a package mailed to you.

To help the Postal Service settle this claim, please review the Form 1000 and follow the instructions below:

1. Complete **Item 13a** on the enclosed claim form.
2. If you plan to have the article repaired:
 - a) Obtain a signed estimate of repairs or a paid repair bill from a repair shop or dealer.
 - b) Attach the estimate or paid bill to the enclosed claim form and show the amount in **Item 10**.
3. Sign and complete **Items 13h through 13j**.
4. Take the enclosed claim form with the damaged article, wrapper, mailing container, packaging, estimate or repair bill, and any other papers you may have received with this letter to your local post office for inspection.

If you have any questions, your local post office will be glad to assist you.

Your promptness is sincerely appreciated.

(Signature)

(Title)

Enclosure

3862

PCF1010

Figure 10-10. An example of a PS Form 3862, Damage Claim Filed by Sender.

PARCEL SEARCH REQUEST

Learning Objective: *Determine the requirement for processing a Parcel Search Request.*

When the contents of a parcel of domestic origin becomes separated from the wrapper, inform the sender by completing PS Form 3760, Parcel Search Request (see figure 10-13). If the parcel is of foreign origin, send the PS Form 3760, appropriately modified, to the addressee.

REPORT OF RIFLED PARCEL

Learning Objective: *Determine the requirement for processing a Report of Rifled Parcel.*

Domestic or international parcels, except items sent as registered mail, found to be rifled, should be reported on PS Form 673 (see figure 10-14). PS Form 673 is a four-page set with instructions for completion contained on the reverse side of the form. When completed, the entire set should be forwarded

Damage Claim Filed by Addressee

DATE:

TO:

The enclosed Form 1000 was filed by the person or firm whose name appears in **Item 2**. It is a claim for damage to the contents of a package you mailed.

To help the Postal Service settle this claim, please review the Form 1000 and follow the instructions below:

1. Complete **Item 10**. Indicate the value of the items described. Attach a copy of the sales receipt. If you do not have a sales receipt, show in **Item 10** the purchase price, the place where purchased, and the approximate date of purchase.
2. Designate to whom payment of the claim should be made in **Item 12a**.
3. Sign and complete **Items 12c through 12e**.
4. Take the original mailing receipt you were given when you mailed the article, and the enclosed claim form to your nearest post office. A postal employee will endorse the receipt and complete Items B1 and B8 on Form 1000.

If you have any questions, your local post office will be glad to assist you.

Your promptness is sincerely appreciated.

Signature

(Title)

Enclosure

3863

PCF1011

Figure 10-11. An example of a PS Form 3863, Damaged Claim Filed by Addressee.

immediately to the USPS Postal Inspection Service. Include the wrapper or carton of the rifled parcel, if totally devoid of contents, and the sack or pouch label. Report each attempted rifling of ordinary parcels, whether partially or completely devoid of contents, or if contents appear intact. Distinguish carefully between rifled parcels and parcels damaged in handling.

INQUIRY ABOUT A REGISTERED ARTICLE OR AN INSURED PARCEL OR AN ORDINARY ARTICLE

Learning Objective: *Determine the requirements for processing an Inquiry about a Registered Article or an Insured Parcel or an Ordinary Article.*

Mail Type or Service	When to File	
	No Sooner Than (From Original Claim Date)	No Later Than (From Original Mailing Date)
Express Mail	45 Days	6 Months
Insured	45 Days	18 Months
Registered	90 Days	18 Months
Duplicate registered mail and Express Mail claims may not be filed without authorization by the St Louis Accounting Service Center or the Consumer Advocate, USPS Headquarters.		

Figure 10-12. Duplicate claim filing dates.

PS Form 542, Inquiry about a Registered Article or an Insured Parcel or an Ordinary Article, (see figure 10-15) is used in processing international mail inquiries for the loss

- or delay of outbound registered mail
- or delay of outbound insured parcels
- rifling, damage, or delay of outbound or inbound ordinary parcels
- rifling, damage, or delay of outbound or inbound ordinary postal union mail

As you can see, PS Form 542 has multiple uses. Completion of PS Form 542 is self-explanatory; the fee (if required) is attached to the bottom of the form by adhesive stamps or by meter tape. Send the completed PS Form 542 to the appropriate international claims and inquiries office (ICIO), listed in the IMM. PS Form 542 is used for international mail only.

CLAIM FOR INDEMNITY INTERNATIONAL REGISTERED, INSURED, AND EXPRESS MAIL

Learning Objective: *Determine the requirements for processing a Claim for Indemnity International Registered, Insured, and Express Mail.*

Most claims for indemnity can only be submitted after an inquiry has been completed. Claims for indemnity relating to international registered or insured articles must be processed on PS Form 2855, Claim for Indemnity—International Registered, Insured, and Express Mail (see figure 10-16).

Indemnity claims relating to international insured or registered mail are adjudicated by the international

claims and inquiries office responsible for the country involved. When an inquiry fee is required attach it to the upper left corner of PS Form 2855. Normally, a fee will not be required. PS Form 2855 is composed of five sections (front and reverse) and completion of the form is self-explanatory. When a claim is initiated, not all parts of the form may be required to be completed. Refer to the IMM and compare the requirements with your particular case, then have the customer complete the required sections of the form. After PS Form 2855 is completed, check the IMM for accompanying required documents and the address of the appropriate ICIO. PS Form 2855 should be used for international mail only.

ARTICLES RECOVERED AFTER PAYMENT

Learning Objective: *Recall the procedures for handling articles recovered after the payment of an indemnity claim.*

When a lost registered, insured, or Express Mail article is recovered, the payee who received the indemnity payment may accept the article and reimburse the USPS for the full amount paid if the article is undamaged. If the article is damaged, has depreciated in value, or is missing contents, the payee may accept it and reimburse the USPS an amount determined by the St Louis ASC.

SENDER'S APPLICATION FOR RECALL OF MAIL

Learning Objective: *Recall the procedures for processing a Sender's Application for Recall of Mail.*

With proper identification, the sender or the sender's representative may recall mail deposited in

U.S. Postal Service Parcel Search Request			
From: Post Office, State, and ZIP Code			
<div style="display: flex; justify-content: space-between;"> TO: <input type="checkbox"/> A more detailed description is required. </div>			
Complete items below and address to mailer			
Date Found	Found at	By	
Addressed To (Name and address)		Type <input type="checkbox"/> Ordinary <input type="checkbox"/> Return Receipt for Merchandise No. _____ <input type="checkbox"/> Insured No. _____ <input type="checkbox"/> C.O.D. No. _____	Mailing Date
<p>Dear Customer:</p> <p>An empty wrapper with your address was found in the mail and is believed to have been separated from a parcel during handling (see attached address portion of the wrapper.)</p> <p>If the contents of the parcel have not been accounted for and you wish that a search be made for the article(s), please complete the bottom and reverse of this form and return it to the Dead Parcel Branch in the enclosed preaddressed envelope.</p> <p>An accurate and detailed description of each item essential. Give the names or initials (if personalized) and other characteristics such as brand or make of the article, model number, color, size, quantity and kind of material. If you are able to furnish illustrations or pictures, they would be most helpful.</p> <p>If after a thorough search, your merchandise is not located, take this form and wrapper to your local post office for postage refund (Form 3533). Also, if the parcel was sent insured or C.O.D. present this form to your local post office once a search has been completed and request that a claim for indemnity be filed.</p> <p>Experience has shown that proper packaging and including your name and address with the contents inside the parcel in most instances will avoid this inconvenience. To assure our customers the service they deserve, it is suggested that these measures be taken in future mailings.</p> <p>We regret any inconvenience this matter may have caused you.</p>			
Date	Signature		
If found articles should be (Check One) <input type="checkbox"/> Delivered to Addressee <input type="checkbox"/> Returned to Mailer			
Date	Signature of Mailer	Phone No. (Include Area Code)	
► TO BE COMPLETED BY POST OFFICE ◀			
Results of Search (Check One) <input type="checkbox"/> Articles described above were found and sent on to the addressee <input type="checkbox"/> Articles described above are returned herewith <input type="checkbox"/> Articles not found			Signature <hr/> Date

PS Form 3760, July 1989

PCF1013

Figure 10-13. An example of a Parcel Search Request.

U.S. Postal Service Report of Rifled Parcel				<i>See Instructions on Reverse</i>		1. Date and Hour of Discovery						
2. City and State Where Found				3. Postal Unit and Section								
4. Sender				5. Addressee								
4a. Address (No. and Street, Apt/Suite No.)				5a. Address (No. and Street, Apt/Suite No.)								
4b. City		4c. State	4d. ZIP + 4	5b. City		5c. State	5d. ZIP + 4					
6. Mailed at				7. Date Mailed		8. Invoice or Order Number						
9. Size of Parcel " x " x "		10. COD <input type="checkbox"/> No. <input type="checkbox"/> Ordinary <input type="checkbox"/> Insured <input type="checkbox"/> No.		11. Special Delivery <input type="checkbox"/> Yes <input type="checkbox"/> No								
12. Parcel Was <input type="checkbox"/> Airmail <input type="checkbox"/> First-Class <input type="checkbox"/> Priority Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> SAM <input type="checkbox"/> PAL <input type="checkbox"/> Third-Class <input type="checkbox"/> Fourth-Class		13. Special Handling <input type="checkbox"/> Yes <input type="checkbox"/> No										
14. Exact Location of Discovery												
15. Location in Container <input type="checkbox"/> Front <input type="checkbox"/> Middle <input type="checkbox"/> Rear <input type="checkbox"/> Top <input type="checkbox"/> Bottom				16. Container Locked or Sealed <input type="checkbox"/> Yes <input type="checkbox"/> No Seal No. _____								
17. Received From <input type="checkbox"/> Star Route <input type="checkbox"/> Air <input type="checkbox"/> MVS <input type="checkbox"/> Rail _____				18. Name of Carrier, Route and Trip Number								
19. Received In <input type="checkbox"/> Pouch <input type="checkbox"/> Sack <input type="checkbox"/> Other _____				20. Label, Placard, Seal Attached <input type="checkbox"/> Yes <input type="checkbox"/> Not Available								
21. Pouch, Sack or Outside Labeled To				22. Loaded at								
23. If Pouch or Sack Label Not Available, State Origin of Mail Adjacent to the Rifled Parcel												
24. Type of Contents When Mailed												
25. Contents Known to Be Missing (If none, so state)						26. Parcel Forwarded to Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No						
27. How Rifled (i.e. Torn, cut by knife, etc.)												
28. Remarks												
29. Supervisor - In Your Opinion, Where Was Parcel Rifled (Name of facility or other location)												
30. Label 97 Completed By		Telephone No.		Title		Tour						
31. This Form Completed By		Telephone No.		Title		Tour						
Part II - For Inspection Service Use Only	Remarks											
	Installation Responsible for Rifling						ZIP + 4					
	Copies to: (Circle)											
	ATL	BAL	BHM	BOS	BUF	CLT	CHI	CIN	CLE	DEN	DSM	DET
HBG	HTF	HOU	IND	KC	LA	MEM	MIA	MLW	NO	NY	NWK	OAK
PHI	PHX	PIT	POR	RIC	STL	STP	SD	SF	SJU	SEA	TAM	WAS

Figure 10-14. An example of a Report of Rifled Parcel.

POSTAL SERVICE OF THE UNITED STATES OF AMERICA
ADMINISTRATION DES POSTES DES ÉTATS-UNIS D'AMÉRIQUE

C8/C9

INQUIRY ABOUT A REGISTERED ARTICLE OR AN
INSURED PARCEL OR AN ORDINARY ARTICLE

RÉCLAMATION

Envoi recommandé, colis
avec valeur déclarée ou
envoi ordinaire

PLEASE NOTE: A single form is sufficient for several articles in the same category—registered article, insured parcel, ordinary article—mailed at the same time at the same office by the same sender and sent by the same route to the same addressee.

Stamp of the office
of origin
Timbre du bureau d'origine

Office of origin
Bureau d'origine

Date of inquiry
Date de la réclamation

Date of duplicate
Date du duplicata

Our reference
Notre référence

1. INFORMATION TO BE FURNISHED BY THE ADMINISTRATION OF ORIGIN

Renseignements à fournir par le service d'origine


Reason for inquiry: Motif de la réclamation:		<input type="checkbox"/> Loss Perte	<input type="checkbox"/> Rifling Spoliation	<input type="checkbox"/> Damage Avarie	<input type="checkbox"/> Delay Retard	<input type="checkbox"/> Incomplete Return Receipt A.R. non complété	<input type="checkbox"/> Ordinary parcel Colis ordinaire
Registered article: Envoi recommandé		<input type="checkbox"/> Letter Lettre	<input type="checkbox"/> Print Imprimé	<input type="checkbox"/> Other Autre		<input type="checkbox"/> Ordinary article (Other than parcel) Envoi ordinaire	
<input type="checkbox"/> Insured parcel Colis avec valeur déclarée	Insured for Valeur déclarée de \$		Weight Poids		Value of contents Valeur du contenu \$		
<input type="checkbox"/> Surface	<input type="checkbox"/> Air Mail Avion	<input type="checkbox"/> Special Delivery Exprès	<input type="checkbox"/> Return Receipt Avis de réception	<input type="checkbox"/> Recorded Delivery Livraison attestée	Registered No. No. recommandé		
Date of mailing Date du dépôt		Office of mailing Bureau de dépôt				Insured No. No. valeur déclarée	
Name and full address of sender / Nom et adresse complète de l'expéditeur							
Address							
City, State & ZIP Code							
Name and full address of addressee / Nom et adresse complète du destinataire							
Address							
City, State / Country							
Contents (accurate description) Contenu (description exacte)							
Description of exterior (does not concern letter-mail items) Description extérieure (ne concerne pas les envois de la poste aux lettres)							
Facsimile of the address of the article: Fac-similé de la suscription de l'envoi:				<input type="checkbox"/> Attached Annexé	<input type="checkbox"/> Not attached Non annexé		
INFORMATION TO BE FURNISHED BY THE OFFICE OF MAILING AND THE FORWARDING OFFICES Renseignements à fournir par le bureau d'origine et les bureaux réexpéditeurs							
DISPATCH IN WHICH THE ARTICLE WAS INCLUDED	LOCK AND ROTARY, JACKET, SEAL OR CONTROL NUMBER	DATE	FROM	DISPATCHED TO			
<input type="checkbox"/> AIR <input type="checkbox"/> SURFACE							
<input type="checkbox"/> AIR <input type="checkbox"/> SURFACE							
<input type="checkbox"/> AIR <input type="checkbox"/> SURFACE							
Droit de réclamation		INQUIRY FEE		Derechos de reclamación			
<input type="checkbox"/> Return receipt requested at time of mailing, not received. Duplicate attached. No fee required. <input type="checkbox"/> Condition under which inquiry is accepted without fee not met. Required fee attached.							

Figure 10-15. An example of an Inquiry about a Registered Article, or an Insured Parcel, or an Ordinary Article.



**Claim for Indemnity — International Registered,
Insured, and Express Mail (Type or Print)**

Case Number

I - General Claim Information (Completed by Person Filing Claim)

1. Name and Address of Sender (No., Street, Apt./Suite No.)		2. Name and Address of Person or Firm to Whom Article was Addressed (No., Street, Apt./Suite No.)		
3. Type of Claim <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Express Mail		4. Mailing Receipt Number	5. Mailing Date	
6. <input type="checkbox"/> Surface <input type="checkbox"/> Airmail		7. Reason for Claim <input type="checkbox"/> 1. Article not Delivered <input type="checkbox"/> 3. Damage <input type="checkbox"/> 2. Some/All Contents Missing		
Number or Quantity	8. Description of Items Which Were Damaged or Missing (State brand names if known. Attach customs declaration if available. Describe condition in which received if damaged.)	✓		Value (Allow for depreciation)
		New	Used	
Total Amount Claimed				▶

NOTE: You must submit evidence of value with this claim. Attach purchase receipts or invoices if available.

9. Describe any other items in the article besides those listed above.	10. Pay Indemnity to: <input type="checkbox"/> Sender <input type="checkbox"/> Addressee
	11. Enter Address if Different From Above
12. Signature of Sender (I certify that all information furnished on this form is accurate and truthful. The submission of a false, fictitious, or fraudulent statement may result in imprisonment of up to 5 years and a fine of up to \$10,000 (18 USC 1001). In addition, a civil penalty of up to \$5,000, and an additional assessment of twice the amount falsely claimed may be imposed) (31 USC 3802).	
X	13. Phone No. 14. Date

II - Completed by Addressee

15. Did you Receive Items Described Above? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. State Present Location of Damaged Articles
17. Did parcel contain a customs damage/shortage notice? <input type="checkbox"/> Yes (Attach notice) <input type="checkbox"/> No	
18. Signature of Addressee (I certify that all information furnished on this form is accurate and truthful. The submission of a false, fictitious, or fraudulent statement may result in imprisonment of up to 5 years and a fine of up to \$10,000 (18 USC 1001). In addition, a civil penalty of up to \$5,000, and an additional assessment of twice the amount falsely claimed may be imposed) (31 USC 3802).	
X	19. Phone No. 20. Date

PS Form 2855, September 1997

PC1016

Figure 10-16. An example of a Claim for Indemnity — International Registered, Insured, and Express Mail.

collection boxes or at post offices. PS Form 1509, Sender's Application for Recall of Mail, used for this purpose, (see figure 10-17) is submitted to the postmaster at the office of mailing.

The mailer must pay all expenses of recalling mail (including return postage for other than First-Class

Mail). If mail recalled before dispatch is again presented for mailing, the original stamps are accepted for postage at face value. This provision does not apply to stamps used to pay for registry or insurance fees.

For requests on international mail, if the mail can be intercepted in the United States, it can be withdrawn

U.S. POSTAL SERVICE					
SENDER'S APPLICATION FOR RECALL OF MAIL					
Postmaster: Please intercept and return to me the mail described below:			<input type="checkbox"/> Registered No. _____ <input type="checkbox"/> Certified No. _____ <input type="checkbox"/> Insured No. _____ <input type="checkbox"/> C.O.D. No. _____ <input type="checkbox"/> Express Mail No. _____ <input type="checkbox"/> Return Receipt for Merchandise No. _____		
<input type="checkbox"/> Letter <input type="checkbox"/> Package <input type="checkbox"/> Other (Describe) _____	<input type="checkbox"/> Express Mail <input type="checkbox"/> Special Delivery	<input type="checkbox"/> Approx. Size _____ <input type="checkbox"/> Color _____ <input type="checkbox"/> Postage \$ _____	Hour Mailed _____ <div style="text-align: center;">A.M. P.M.</div>	Date Mailed _____	Where Deposited _____
Reason for Recall of Mail _____			Time Application Filed _____ <div style="text-align: center;">A.M. P.M.</div>	Date Filed _____	
FACSIMILE LETTER, ADDRESS, OR ADDRESS LABEL					
Address <input type="checkbox"/> Handwritten <input type="checkbox"/> Typewritten or <input type="checkbox"/> Other (Describe) _____		<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Adhesive Stamp <input type="checkbox"/> Postage Meter Stamp <input type="checkbox"/> Other </div>			
(Return address) _____		Name _____ Street and Number _____ Post Office _____ State and ZIP Code _____			
I deposit herewith \$ _____ to pay for expenses incurred for necessary telegrams, postage, etc., and will reimburse the Postal Service for all costs associated with the recall of the mail described above.					
Signature of Applicant (If signed as agent, include title and firm) _____			Applicant's Address _____		Telephone No. _____
POSTMASTER PORTION ONLY	Application Received By (Name of employee) _____		Hour Received _____ <div style="text-align: center;">A.M. P.M.</div>	Date Received _____	
	Telephoned To _____	Copies To _____		Returned By (Name of employee) _____	
INSTRUCTIONS TO DELIVERY OFFICE					
Please return the above-described mail to this office, if found, or state on reverse of this form the action taken.					
Reply should be addressed to:					
(Postmaster) _____ (City, State and ZIP Code) _____			RECEIPT OF SENDER		
To: _____			Date _____		
_____			Name _____		
_____			Address _____		

PS Form 1509, July 1988

★ U.S.GPO: 1988-0-202-395/82518

PCf1017

Figure 10-17. An example of a Sender's Application for Recall of Mail.

from the mail. However if the mail has left the United States, it can only be intercepted if the country of destination provides this service.

The USPS does not guarantee success in preventing delivery of all pieces in a withdrawn mailing.

APPLICATION AND VOUCHER FOR REFUND OF POSTAGE AND FEES

Learning Objective: *Recall the procedures for processing an Application and Voucher for Refund of Postage and Fees.*

An application for refund of postage and fees collected for retail services must be initiated by the mailer using PS Form 3533, Application and Voucher for Refund of Postage and Fees (see figure 10-18). MPOs can assist the addressee in preparation of PS Form 3533, but must advise the addressee that the form has to be filed by the mailer.

A postal clerk assists the customer in preparation of PS Form 3533 and reviews supporting documentation. The envelope or wrapper, or the portion of the wrapper, having the names and addresses of the sender and addressee, canceled postage and postal markings, or other evidence of payment of the amount of postage and fees for which a refund is desired must be attached to the PS Form 3533.

The PS Form 3533 and supporting documentation must be sent to the Mail Classification Center serving the MPO.

- For MPOs served by Postmaster, New York:

ACCOUNTABLE PAPER DEPOSITORY
GPO/JAF BUILDING RM 312
NEW YORK NY 10194-9615

- For MPOs served by Postmaster, San Francisco:

MAIL CLASSIFICATION OFFICE
GMF RM 303
SAN FRANCISCO CA 94188-9599

If the application is not approved, it is returned to the applicant with the supporting papers and an explanatory statement.

MONEY ORDER INQUIRY

Learning Objective: *Recall the procedures for processing a money order inquiry.*

PS Form 6401, Money Order Inquiry, (see figure 10-19) is used to file an inquiry about payment of a postal money order. A customer (purchaser, payee, or endorsee only) may complete, sign, and submit PS Form 6401 for any inquiry on the status of a money order. When the USPS Money Order Branch receives PS Form 6401 from a customer, it reviews USPS records and completes one of the following actions:

- If the money order has not been cashed, a replacement money order will be issued. (A replacement will not be issued until 60 days after the money order purchase date.)
- If the money order was cashed, a photocopy of the paid money order will be issued immediately to the customer filing the inquiry.

Customers may submit PS Form 6401 at any time (there is no waiting period), and must pay the applicable fee for each money order inquiry submitted. For money order inquiry fee rates, refer to Module R of the DMM. Each PS Form 6401 covers only one money order.

When completing PS Form 6401, the customer must present the original money order receipt. The postal clerk will assist the customer in completing PS Form 6401 and then upon payment of the inquiry fee, affix stamps or a postage meter tape on the form where indicated to show the fee was paid. If stamps were used, they must be cancelled with the flag-stamp cancellation device.

Prepare PS Form 6401 as follows: (This form is self-explanatory, and the information is taken from the customer's original money order receipt.)

Block 1: Enter the money order serial number, amount, and issue date.

Block 2: Enter the purchaser's name.

Block 3: Enter the current mailing address of the purchaser.

Block 4: Enter the purchaser's city and state.

Block 5: Enter the ZIP + 4 code.

Block 6: Enter country name (only if unable to provide U.S. address).

Block 7: Customer signs the inquiry.

Q10-11. When the wrapper of a parcel becomes separated from the contents through normal mail handling, what process would your MPO use to inform the sender?

United States Postal Service

Application and Voucher for Refund of Postage, Fees, and Services

(Please type or print legibly.)

Customer: Complete in duplicate by typewriter, or print in ink, and submit with envelope, wrapper, or portion having names and addresses of sender and addressee, canceled postage, and postal markings.

Privacy Act Statement: The collection of this information is authorized by 39 USC 401, 404, and 1206; Pub. L. 104-134. This information will be used to reimburse you when no service is rendered or when postage and fees are paid in excess of the lawful rate. As a routine use, the information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits, or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to a Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation;

to an independent certified accountant during an official audit of the USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; to a labor organization as required by the National Labor Relations Act; to the Department of the Treasury for cross-matching under the Treasury Offset Program; and to a requestor, the name and address of the owner of leased property, or of the payee when different from the owner. Completion of this form is voluntary; however, if this information is not provided, a refund will not be considered.

Part 1 - Application (Completed by customer)

Customer/Company Name (Print or Type)	Telephone Number (Include area code)
Mailing Address (No., street, ste./apt. no., city, state, and ZIP + 4)	Amount of Refund Request \$
	Signature
	Date of Request

Refund Requested For:

☐ Stamps or Fees (AIC 553)
Refunded for:

— Clerk PVI Errors (Attach spoiled or misprinted PVI labels to this form.)

— Delivery Confirmation (After 30 days)

— Mail Returned Because of Non-Service or Damage

(Defective or unused stamps may be eligible for exchange but not for a refund.)

☐ Postage Paid for Express Mail Service (AIC 676)

☐ Miscellaneous Non-Postal (AIC 624) (e.g., box key deposits or items originally placed in AIC 126)

☐ Refund of Retail Service Fees (AIC 535) (e.g., PO box/caller service: Enter box no.: _____)

☐ Permit Postage and Fees (AIC 528) (e.g., annual bulk mail fees, service failures, or damage to permit imprint mailings)

☐ Postal-Related Products (AIC 608) (e.g., merchandise)

☐ Customer Meter Postage (AIC 526) (Document legible meter postage in Part 3 on the back of this form.)

☐ Precanceled Stamps (AIC 525) (e.g., torn, defaced, or for overpayment of precanceled stamps)

☐ Value-Added Services (AIC 541) (e.g., refunds to mailing agents for performing these services)

☐ Other (Document in Part 4 on the back of this form.)

NOTE: Official Mail refunds are made through the OMAS system at the District Accounting Office.)

Part 2 - Acceptance Verification (Post office use)

Post Office, State, and ZIP + 4

Acceptance Employee's Signature	Title	Date
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PS Form 3533, August 1999

See Reverse for Verification and Additional Information

PCF1018

Figure 10-18. An example of an Application and Voucher for Refund of Postage and Fees.

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<p>Print Money Order Serial No. in the blocks below:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Purchaser must Print Name within the blocks below:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Print Current Mailing Address below:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Second address line if necessary:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Print City below:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>ZIP + 4 Code Print Country Name (Only if unable to provide US address):</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; height: 20px; width: 20%;"></div> <div style="border: 1px solid black; height: 20px; width: 20%;"></div> <div style="border: 1px solid black; height: 20px; width: 60%;"></div> </div>	<p style="text-align: center;">Amount of Money Order</p> <p>Dollars Cents</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; height: 20px; width: 20%;"></div> <div style="border: 1px solid black; height: 20px; width: 20%;"></div> <div style="border: 1px solid black; height: 20px; width: 20%;"></div> <div style="border: 1px solid black; height: 20px; width: 20%;"></div> </div> <p style="text-align: center;">Issue Date</p> <p>Year Month Day</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; height: 20px; width: 20%;"></div> <div style="border: 1px solid black; height: 20px; width: 20%;"></div> <div style="border: 1px solid black; height: 20px; width: 20%;"></div> <div style="border: 1px solid black; height: 20px; width: 20%;"></div> </div>	<p>To obtain a copy of a cashed money order or to receive a refund, the purchaser of the money order MUST complete ALL blocks, provide a legal signature, and present the customer receipt to the Post Office for verification. The Postal employee receiving inquiry MUST validate with signature and official postmark. A refund will not be issued until 60 days (180 days for International Money Order) after money order issue date.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">This Area Is for Official Use Only</p> <p>By presence of this postmark and signature, I have verified the customer receipt presented by the purchaser.</p> <p>Postal Employee's Signature</p> <div style="display: flex; justify-content: space-between;"> X Postmark Here </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Optional: Reference number for financial institutions or for official postal business only.</p> </div>
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I certify the information on this form is true and agree to repay the Postal Service, upon demand, the amount of the refund if the original money order is cashed by the designated payee, purchaser or financial institution. The rights and remedies set forth in 18 USC 287, 18 USC 1001, and 31 USC 3802 shall be incorporated as if fully set forth.

Signature of Purchaser or financial institution representative below:

POST OFFICE:

AFFIX STAMPS OR

METER STRIP HERE

PS Form 6401, December 1995

Money Order Inquiry

PCF1019

Figure 10-19. An example of a Money Order Inquiry.

Q10-12. What PS form would you use to report a rifled parcel?

Q10-13. What PS form is used to process an inquiry for an ordinary article mailed as postal union mail?

Q10-14. What PS form is used to process an indemnity claim for an international registered item?

Q10-15. What PS form is used to submit an inquiry for a lost money order?

Now turn to appendix 1 to check your answers.

